

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.20549

FORM D NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D** SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | |
|------------------|--------------|--|--|--|--|
| OMB Number: | 3235-0076 | | | | |
| Expires: A | pril 30,2008 | | | | |
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| Name of Offering (Check if this is an amendment and name has changed, and indicate change.) GIS Fund of Funds LLC | |
|---|---|
| Filing under(Check box(es) lhat apply): Rule 504 Rule 505 Type of Filing: New Filing Amendment | Section 4(6) ULOE |
| A.BASIC IDENTIFICATION DATA | · · · · · · · · · · · · · · · · · · · |
| 1.Enter the information requested about the Issuer | |
| Name of Issuer(Check if this is an amendment and name has changed, and indicate change | .) |
| GIS Fund of Funds LLC | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number(Including Area Code) |
| 1370 Avenue of the Americas 24th Floor New York NY 10019 | 212-554-5000 |
| Address of Principal Business Operations (If different from Executive Office STOCESSED (Number and Street, City, State, Zip Code) | Telephone Number(Incl. |
| Brief Description of Business: Fund of Funda JUL 27 2007 | |
| Type of Business Organization corporation limited partnership, already formed x other (please specific please specific | 07073287 |
| Actual or Estimated Date of Incorporation or Organization: O 3 | Estimated DE |
| GENERAL INSTRUCTIONS FEDERAL: Who stuss File: All leavers melding on aftering of escuritles in reliance on an examption under Requisition D or Section 4(5) | |
| When to File: A notice must be filed no tater than 15 days efter the first sale of securities in the offering. A notice is deem on the seriler of the date it is received by the SEC at the eddress given below or, if received at their eddress efter the date o registered or certified medito that eddress. | ed filed with the U.S. Securities and Exchange Commision (SEC) in which if (e due, on the date it was mailed by United States |
| Where to File: U.S. Becurities and Exchange Commission, 450 Fifth Street, N.W., Washigton, D.C. 20549. | |
| Copies Required; Five (5) copies of this notice must be filled with the SEC, one of which must be manually signed. Any C signed copy or bear typed or printed signatures. | |
| Information Required: A new filing must contain all information requested. Amendments need only report the name of the requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and Appl | issuer and offering, any changes thereto, the information andix need not be filed with the BEC. |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Examption (ULOE) for eales of securities in the form, issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where eales are the precendition to the claim for the exemption, after in the proper amount shall accompany this form. This notice shall be reppendix to the notice constitutes a part of this notice and must be completed. | |
| ATTENTION | |
| Failure to file notice in the appropriate states will not result in a loss of the federal exempted appropriate federal notice will not result in a loss of an available state exemption unpredicated on the filing of a federal notice. | option. Conversely, failure to file |
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| Enter the information requirements. Each promoter of the | uested for the fol tssuer, if the issu | llowing: uer has been organized wil | hin the past five years; | | | | | | | | |
| ii Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; iii. Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and | | | | | | | | | | | |
| | | | | | | | | | | | |
| Charles South as the | | | · | <u>-</u> | | | | | | | |
| Check Box(es) that apply: | Promoter | Beneficial Owner | Executive Officer Director | . 🗆 | General and /or Managing Partner | | | | | | |
| Full Name(Last name first, if | Individual) | | | | · | | | | | | |
| Gagnon Advisors LLC | | | | | | | | | | | |
| | | | | | | | | | | | |
| Business or Residence Addre | ess | (Number and St | reet City State Zin Code) | | | | | | | | |
| Business or Residence Address | | | reet, City,State .Zip Code) | | | | | | | | |
| | | | reet, City,State .Zip Code) | | | | | | | | |
| Business or Residence Address | | | reet, City,State .Zip Code) | | | | | | | | |
| Business or Residence Address | | | reet, City,State .Zip Code) Executive Officer Director | | General and /or Managing Partner | | | | | | |
| Business or Residence Address 1370 Avenue of the Americas, | New York NY 1 | 0019 | | | | | | | | | |
| Business or Residence Address 1370 Avenue of the Americas, Check Box(es) that apply: | New York NY 1 | 0019 | | | | | | | | | |
| Business or Residence Address 1370 Avenue of the Americas, Check Box(es) that apply: Full Name(Last name first, if | Promoter | 0019 Beneficial Owner | Executive Officer Director | | | | | | | | |
| Business or Residence Address 1370 Avenue of the Americas, Check Box(es) that apply: Full Name(Last name first, if I Gagnon Nall J Business or Residence Address | Promoter Individual) | Baneficial Owner (Number and St | | | | | | | | | |
| Business or Residence Address 1370 Avenue of the Americas, Check Box(es) that apply: Full Name(Last name first, if I | Promoter Individual) | Baneficial Owner (Number and St | Executive Officer Director | | | | | | | | |
| Business or Residence Address, 1370 Avenue of the Americas, Check Box(es) that apply: Full Name(Last name first, if I Gagnon Nall J Business or Residence Address 1370 Avenue of the Americae, 2 | Promoter Individual) SSS 4th Floor New 1 | 0019 Beneficial Owner (Number and Str | Executive Officer Director Teet, City,State .Zip Code) | | Managing Partner | | | | | | |
| Business or Residence Address 1370 Avenue of the Americas, Check Box(es) that apply: Full Name(Last name first, if I Gagnon Nall J Business or Residence Address | Promoter Individual) | Baneficial Owner (Number and St | Executive Officer Director | | | | | | | | |
| Business or Residence Address, 1370 Avenue of the Americas, Check Box(es) that apply: Full Name(Last name first, if I Gagnon Nall J Business or Residence Address 1370 Avenue of the Americae, 2 | Promoter The Promoter of the | 0019 Beneficial Owner (Number and Str | Executive Officer Director Teet, City,State .Zip Code) | | Managing Partner General and /or | | | | | | |
| Business or Residence Address, 1370 Avenue of the Americas, Check Box(es) that apply: Full Name(Last name first, if I Gagnon Nall J Business or Residence Address 1370 Avenue of the Americae,2 Check Box(es) that apply: | Promoter The Promoter of the | 0019 Beneficial Owner (Number and Str | Executive Officer Director Teet, City,State .Zip Code) | | Managing Partner General and /or | | | | | | |
| Business or Residence Address, 1370 Avenue of the Americas, Check Box(es) that apply: Full Name(Last name first, if I Gagnon Nail J Business or Residence Address 1370 Avenue of the Americae,2 Check Box(es) that apply: Full Name(Last name first, if II | Promoter Individual) BSS 4th Floor New 1 | Beneficial Owner (Number and Str York NY 10019 Beneficial Owner | Executive Officer Director Teet, City,State .Zip Code) | | Managing Partner General and /or | | | | | | |

| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering if a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and for with a state or states, ilst the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. will Name (Last name first, if individual) usiness or Residence Address (Number and Street, City, State, Zip Code) ame of Associated Broker or Dealer lates in Which Person Listed has Solicited or Intends to Solicit Purchasers check "All States or check Individual States) | | | | |
|--|--|----------------|--|------------|
| 1. Has the issuer sold, or does the issuer Intend to sell, to non-accredited Investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or Indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the defining if a person or spent or solicitation of purchases in connection with sales of securities in the defining attale or states, list the name of the broker or dealer, if more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Interview of the property of the person of the property of the person of such as broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Interview of the property of the person of the person of the person of the person of the property of the person of the per | | | A STATE OF THE STA | |
| Answer also in Appendix, Column 2, if filling under ULOE. 2. What is the minimum investment that will be accepted from any individual? | 1 Has the increased a second s | | ves . | No |
| 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or Indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering life a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and for with a state or states, list the name of the broker or dealer, if more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Ull Name (Last name first, if individual) usiness or Residence Address (Number and Street, City, State, Zip Code) ame of Associated Broker or Dealer Usiness in Which Person Listed has Solicited or Intends to Solicit Purchasers Check "All States or check Individual States) | Answer stop in Angeodic College 2 Market in this offering? | | Π | K) |
| 3. Does the offering permit joint ownership of a single unit? | | | _ | _ |
| 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or Indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securifies in the offering if a person to be listed is an associated person or agent of a broker or desiler registered with the SEC and for with a state or states, list the name of the broker or dealer, if more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Tull Name (Last name first, if individual) | 2. What is the minimum investment that will be accepted from any individual? | \$ | \$ 500,000.00 | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and for with a state or states, ilst the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Util Name (Last name first, if individual) | 3. Does the offering permit joint awarership of a close uptil? | | Yes | No |
| States California Califor | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and for with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed as a security of the list of the state of the broker or dealer. | | ₩ | |
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| States Carl | | | | |
| States in Which Person Listed has Solicited or Intends to Solicit Purchasers Check "All States or check Individual States) | ull Name (Last name first, if individual) | | | |
| Check "All States or check Individual States Check "All States Check "All States or check Individual States Check "All States C | | | | |
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| [IL] | lusiness or Residence Address (Number and Street, City, State, Zip Code) lame of Associated Broker or Dealer | | | |
| [IL] [IN] [IN] [IN] [IN] [IN] [IN] [IN] [IN | lusiness or Residence Address (Number and Street, City, State, Zip Code) lame of Associated Broker or Dealer lates in Which Person Listed has Solicited or Intends to Solicit Purchasers | | All State | 9 |
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|--|---------|------|---------------------------|------------|-------------|--------------------------------------|
| 1. Enter the aggregate offering price of securities included in this offering and the total amount at Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this bo | | | _ | | | |
| Indicate in the columns below the amounts of the securities offered for exchange and already | | ged. |) | | | |
| Type of Security | | | Aggregate fering price | | Am | ount Already Sold |
| Debt | \$ | | | \$ | | |
| Equity | \$ | | | 5 | - | |
| Common Preferred | -J | | | J | - | |
| Convertible Securities(Including warrants) | \$ | | | \$ | | ~~ |
| Partnership Interests | \$ | | | \$ | _ | · |
| Other(Specify Membership Units) | \$ | 5000 | .000.000.00 | \$ | _ | \$20,330,000.00 |
| Total | \$ | | 0.000,000.00 | S | | \$20,330,000.00 |
| Answer also in Appendix, Column 3, if filing under ULOE | • | | | • | - | |
| , and the second | | | | | | |
| 2.Enter the number of accredited and non-accredited investors who have purchased securities it this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". | n | | Number of Investors | | | Aggregate Dollar Amount of Purchases |
| Accredited Investors | | | 38 | | \$ | \$18,880,000.00 |
| Non-accredited Investors | | • | 1 | <u>-</u> - | \$ | \$1,450,000.00 |
| Total(for filing under Rule 504 only) | | • | | | \$ | |
| Answer also in Appendix, Column 4, if filing under ULOE | | • | | | • | |
| 3. If this filing is for an offering under Rule 504 0r 505, anter the information requested for all second by the issuer, to date, in offerings of the types indicated, in the twelve(12) months prior to first sale of securities in this offering. Classify escurities by type listed in Part C - Question 1. | | | | _ | | |
| Type of offering | | | Type of securities | | | Dollar Amount Sold |
| Rule 505 | | | | | q | . — |
| Regulation A | | | | | - \$ | [|
| Regulation 504 | | | | | - - - | · |
| Total | | | | | _ 3 | |
| 4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the sin this offering. Exclude amounts relating solely to organization expenses of the issuer. The information of the subject to future contingencies. If the amount of an expenditure is not known, the estimate and check the box to the left of the estimate. | ormetic | n | | | | |
| Transfer Agent's Fees | | | | | | \$0.00 |
| Printing and Engraving Costs | | | | | | \$0.00 |
| Legal Fees | | | | | Ō | \$0.00 |
| Accounting Fees | | | | | | \$0.00 |
| Engineering Fees. | | | | | | \$0.00 |
| Sales Commissions (specify finders' fees separately) | • | | | | | \$0.00 |
| Other Expenses(identify) | | | | | | \$0.00 |
| Total | | | | | X | \$0.00 |
| | | | | | | |

Page 4 of 5

| C. OFFERING PRICE | NUMBER OF INVESTORS, EXPEN | ISES | ÄNL | USE OF PRO | CE | DŠ | |
|--|---|-------------|--------|--|------------|--------|----------------------|
| b. Enter the difference between the aggregat Question 1 and total expenses furnished in re the "adjusted gross proceeds to the issuer." | esponse to Part C- Question 4.a. This differ | ence is | | | \$ | | 00.000,000,eee |
| Indicate below the amount of the adjusted groused for each of the purposes shown. If the a estimate and check the box to the left of the equal the adjusted gross proceeds to the issu | mount for any purpose is not known, furnish stimate. The total of the payments listed mu | n an ust | ve. | | | | |
| | | | | Payments to Officers, Directors, & Affillates | | Ρ | ayments to Others |
| Salaries and fees | | | \$ | \$0.00 | | \$ | \$0.00 |
| Purchase of real estate | | \$ | \$0.00 | | \$ | \$0.00 | |
| Purchase, rental or leasing and installati | on of machinery and equipment | | \$ | \$0.00 | | \$ | \$0.00 |
| Construction or leasing of plant building | s and facilities | | \$ | \$0.00 | | \$ | \$0.00 |
| Acquisition of other business (including this offering that may be used in exchar another issuer pursuant to a merger) | ige for the assets or securities of | | \$ | \$0.00 | | \$ | \$0.00 |
| Repayment of indebtedness | | K | \$ | \$0.00 | K | \$ | \$0.00 |
| working capital | | K T | \$ | \$0.00 | M | \$ | \$999,000,000.00 |
| Other(specify): | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | K) | \$ | \$0.00 | | \$ | \$0.00 |
| Column Totals | ., | K | \$ | \$0.00 | | \$ | 00.000,000,999 |
| Total Payments Listed(column totals ad | ded) | | | K \$ | ; <u>9</u> | 99,(| 00.000,000 |
| | D.FEDERAL SIGNATURE | | | | | | |
| The issuer has duly caused this notice to be Rule 505, the the following signature constit Commission upon written request of its staff to paragraph (b)(2) of Rule 502. | utes an undertaking by the issuer to fur | nish to | the | U.S. Securities a | and E | xch | ange |
| Issuer(Print or Type) | Signature | Dat | e | | | | - |
| GIS Fund of Funds LLC | Ι ˙ Λ 1 | | | | | | |
| Name of Signer(Print or Type) | Title of Signer(Print or Type) | • | | | | | |
| Neil J. Gagnon | Managing Member of Manager | | | | | | |
| | ATTENTION | | | | | | |
| Intentional misstatements or om | issions of fact constitute federal crin | ninal v | iola | tions. (See 18 U | .s.c | .100 | 01. |

| Is any party described in 17 CFR 230.262 provisions of such rule? | Yes No | |
|--|---|----------------------------|
| See A | ppendix. Column 5, for state response | |
| The undersigned issuer hereby undertakes to notice on Form D(17 CFR 239.500) at such ti | o furnish to any state administrator of any state in w imes as required by state law. | hich this notice is filed, |
| The undersigned issuer hereby undertakes to furnished by the issuer to offerees. | o furnish to the state administrators, upon written re | quest, information |
| the Heiferm Limited Offering Exemption(U) C | ssuer is familiar with the conditions that must be sat DE) of the state in which this notice is filed and unde s the burden of establishing that these conditions h | Stating from the issue: |
| The issuer has read this notification and knows its behalf by the undersigned duly authorized pe | the contents to be true and has duly caused this no erson. | otice to be signed on |
| Issuer(Print or Type) GIS Fund of Funds LLC | Signature Williams | Date 7-16-07 |
| Name(Print or Type) | Title(Print or Type) | • |

Managing Member of Manager

E STATE SIGNATURE

Instruction:

Neil J. Gagnon

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Page 5 of 3

| | | | | Carlo Sala | | 1 2 2 2 | | | | | |
|-------------|---------------|--|---|--------------------------------------|----------------------|---|---------------------|--|----------|--|--|
| 1 | | 2 | 3 | | | | Control of the last | I | | | |
| | 10 non | and to self -accredited ore in State | Type of Security and aggregate offering price offered in state | | Type of amount pu | finvestor and mehased in State | | Disqualification under State UtC (If yes, attach explanation of wa grafed) | | | |
| State | Yes | No | Membership Units \$ 999,000,000.00 | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | X | | | |
| $\neg \neg$ | | | | | | | | Yes | No | | |
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| | 7 | | | APPEN | DIX | | | | |
|-------|---------|--|--|--------------------------------------|--|---|---------------|-------------|-----------|
| 1 | to non- | 2 and to sell accredited in State | 3 Type of Security and aggregate offering price offered in state | ai | 5 Disqualification under State ULC (if yes, attach explanation of wait grated) | | | | |
| State | Yes | No | Membership Units \$ 999,000,000.00 | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
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